RADIOLOGICAL EMERGENCY RESPONSE TRAINING APPLICATION

Training Title:	
First Name: MI:	Last Name: Suffix:
Mailing Address	Work Telephone
	()
	E-mail Address
Organization Represented	Job Title
Please indicate the afternoon session you will attend:	
□ Emergency Operations Center (EOC) Staff	
Evacuation Assembly Center (EAC) StaffCommunications Officer	
□ Field Monitoring/Radiological Officer	
Please list any previous radiological training sessions you have attended:	
Signature of Applicant	Date
If you have any questions regarding registration or if you have dietary restrictions, please contact Marilyn Parham at (804) 897-6500, ext. 6620 or by email at marilyn.parham@vdem.virginia.gov	
Questions concerning training content should be directed to Susan Binkley at (804) 897-6500 ext. 6591 or email susan.binkley@vdem.virginia.gov .	
Complete and return this application to:	
Virginia Department of Emergency Management	
ATTN: Marilyn Parham 10501 Trade Court	
Richmond, Virginia 23236 Facsimile: (804) 897-6526	